



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002885 1. Entity Name KEYSTONE LAGOON MASTER ASSOCIATION, INC.	
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Principal Place of Business 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126	Mailing Address 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2710129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOURIZ, MIGUEL A
10 NW 42ND AVE
SUITE 700
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

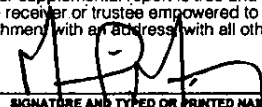
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000726135 05/03/07-80049-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOURIZ, MIGUEL A 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUIG, ENRIQUE 10 NW 42ND AVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOURIZ, REINALDO J 10 NW 42NS AVE SUITE 700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **4/10/07 (305) 5671577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #